

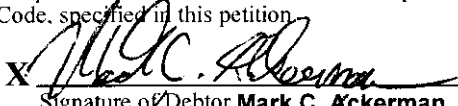
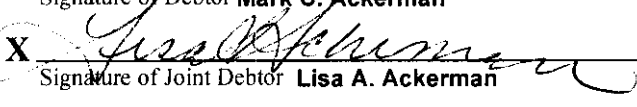
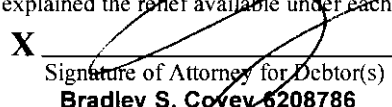
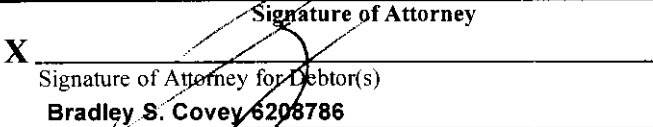
(Official Form 1) (12/03)

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> Northern District of Illinois		<b>Voluntary Petition</b>		
Name of Debtor (if individual, enter Last, First, Middle): <b>Ackerman, Mark C.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Ackerman, Lisa A.</b>			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-0228</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-1316</b>			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>953 Hartwood Dr.</b> <b>Streamwood, IL 60107</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>953 Hartwood Dr.</b> <b>Streamwood, IL 60107</b>			
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business: <b>Cook</b>			
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):			
Location of Principal Assets of Business Debtor (if different from street address above):			<b>Chapter 13W/No Plan</b>			
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>						
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.						
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13			
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b).			
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)						
<b>Statistical/Administrative Information</b> (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses will be no funds available for distribution to unsecured creditors.						
Estimated Number of Creditors		1-15	16-49	50-99	100-199	200-999
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Assets		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$50,000,001
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Debts		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$50,000,001
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**U.S. Bankruptcy Court**  
Northern District of Illinois

Filed: 01/07/2004  
 Time: 12:51:25  
 Debtor: MARK C ACKERMAN  
 Case: 04-00554  
 Chapter: 13 Rec. #: 3054804  
 Judge: Pamela Hollis  
 341 mtg: 02/04/2004 @ 12:00PM  
 ConfHrg: 03/01/2004 @ 11:00AM  
 Trustee: MARILYN MARSHALL

1:04BK00554-BK001

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Page <b>2</b> of <b>8</b> Debtor(s): <b>Ackerman, Mark C.</b> <b>Ackerman, Lisa A.</b>		<b>FORM B1, Page 2</b>	
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)					
Location Where Filed: <b>- None -</b>		Case Number:		Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)					
Name of Debtor: <b>- None -</b>		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
<b>Signatures</b>					
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
X  Signature of Debtor <b>Mark C. Ackerman</b> X  Signature of Joint Debtor <b>Lisa A. Ackerman</b> Telephone Number (If not represented by attorney) <b>January 5, 2004</b> Date			<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X  Signature of Attorney for Debtor(s) <b>Bradley S. Covey 6208786</b> <b>January 5, 2004</b> Date		
Signature of Attorney X  Signature of Attorney for Debtor(s) <b>Bradley S. Covey 6208786</b> Printed Name of Attorney for Debtor(s) <b>Covey Law Firm, P.C.</b> Firm Name <b>232 S. Batavia Ave.</b> <b>Batavia, IL 60510</b> Address <b>630-879-9559 Fax: 630-879-9394</b> Telephone Number <b>January 5, 2004</b> Date			<b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c).) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
X Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date			X Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		

Form B6D  
(12/03)

In re **Mark C. Ackerman,  
Lisa A. Ackerman**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D M A R K E T V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N I F A N Y
Account No. <b>1002719988</b>			<b>2002/Surrender</b>					
<b>Chrysler Financial</b>			<b>Purchase Money Security</b>					
<b>Box 2993</b>			<b>2001 Chrysler LHS</b>					
<b>Milwaukee, WI 53201</b>	<b>J</b>							
			Value \$ <b>16,175.00</b>				<b>16,800.00</b>	<b>625.00</b>
Account No. <b>7204340</b>			<b>2001/Current</b>					
<b>Household</b>			<b>Mortgage</b>					
<b>PO Box 17580</b>			<b>res: 953 Hartwood, Streamwood, IL</b>					
<b>Baltimore, MD 21297</b>	<b>J</b>							
			Value \$ <b>218,000.00</b>				<b>217,083.00</b>	<b>0.00</b>
Account No. <b>M970502025</b>			<b>tool loan</b>					
<b>Matco Tools</b>								
<b>4403 Allen Rd.</b>								
<b>Stow, OH 44224</b>	<b>J</b>							
			Value \$ <b>6,500.00</b>				<b>6,440.00</b>	<b>0.00</b>
Account No.								
			Value \$					

0 continuation sheets attached

Subtotal  
(Total of this page)

**240,323.00**

Total  
(Report on Summary of Schedules)

**240,323.00**

In re **Mark C. Ackerman,  
Lisa A. Ackerman**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,650\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,100\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

Form B6F  
(12/03)

In re **Mark C. Ackerman,  
Lisa A. Ackerman**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>7001191702147126</b>  <b>Best Buy Box 17298 Baltimore, MD 21297</b>		J				1,082.00
Account No. <b>9003544056</b>  <b>Bonaventure Medical Box 3597 Springfield, IL 62708</b>		J				118.00
Account No. <b>03 MI 155180</b>  <b>Cavalry Investments c/o Blitt &amp; Gaines, PC 318 W. Adams St., Ste. 1600 Chicago, IL 60606</b>		J				10,132.00
Account No. <b>6035320017254598</b>  <b>CB/USA Box 9100 Des Moines, IA 50368</b>		J				293.00
Subtotal (Total of this page)						11,625.00

3 continuation sheets attached

Form B6F - Cont.  
(12/03)

In re **Mark C. Ackerman,  
Lisa A. Ackerman**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>5424-1804-7718-5224</b>  Citi Box 6410 The Lakes, NV 88901	J	Credit card purchases				6,010.00
Account No. <b>5424-1801-9477-6339</b>  Citi Box 6419 The Lakes, NV 88901	J	Credit card purchases				1,622.00
Account No. <b>6879450129001734766</b>  Dell Financial Services Box 6403 Carol Stream, IL 60197	J	Credit card purchases				1,327.00
Account No. <b>6011-0073-1070-0314</b>  Discover Box 30395 Salt Lake City, UT 84130	J	Credit card purchases				5,209.00
Account No. <b>5417-1236-2518-6818</b>  First USA Box 50882 Henderson, NV 89016	J	Credit card purchases				15,299.00
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>29,467.00</b>

Form B6F - Cont.  
(12/03)

In re **Mark C. Ackerman,  
Lisa A. Ackerman**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Credit card purchases				173.00
Harvard Collection 4839 N. Elston Ave. Chicago, IL 60630		J					
Account No.			Misc.				600.00
Nationwide Insurance Box 742522 Cincinnati, OH 45274		J					
Account No. 345882855610			Credit card purchases				114.00
RNB Box 59231 Minneapolis, MN 55459		J					
Account No. 7723217802107			Credit card purchases				225.00
Sam's Club Box 105980, Dept. 77 Atlanta, GA 30353		J					
Account No. 1150001750456			Credit card purchases				143.00
Sears Box 182149 Columbus, OH 43218		J					
Subtotal (Total of this page)							1,255.00

Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Form B6F - Cont.  
(12/03)

In re **Mark C. Ackerman,  
Lisa A. Ackerman**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4352-3733-8457-6788</b>			<b>Credit card purchases</b>				
<b>Target</b> <b>Box 59317</b> <b>Minneapolis, MN 55459</b>		<b>J</b>					<b>3,666.00</b>
Account No.			<b>Credit card purchases</b>				
<b>Target</b> <b>Box 59317</b> <b>Minneapolis, MN 55459</b>		<b>J</b>					<b>44.00</b>
Account No.							
Account No.							
Account No.							

Sheet no. 3 of 3 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**3,710.00**

Total  
(Report on Summary of Schedules)

**46,057.00**